



VITHAL
kamats

Original Family Restaurant

Achha Hai. Sachha Hai.

Master Franchisee Application Form

(TO BE TYPED OR FILLED IN CAPITAL LETTERS)

1. NAME OF THE APPLICANT IN FULL : _____

2. ADDRESS WITH TELE NO. AND FAX NOS.: _____

Telephone No. : _____

Fax No. : _____

3. EDUCATIONAL BACKGROUND : _____

4. NAMES OF PROPOSED COMPANY : _____

5. CURRENT OCCUPATION : _____

(NAME AND ADDRESS) _____

6. IF BUSINESS, NATURE OF BUSINESS : _____

7. PROPIETORY/ PARTNERSHIP/ LTD. CO. : _____

8. EXISTING BUSINESS:-

a. Type of Business : _____

b. Annual Turnover : _____

c. Paid Up Capital : _____

If agencies held, then names of the Companies: : _____



9. EXISTING BUSINESS FACILITIES AVAILABLE

a. Available area and its address : _____

b. Office area and address : _____

c. Shop : _____

d. Vehicles : _____

e. Showroom : _____

f. No. of Distribution outlets : _____

h. No. of working staff : _____

i. No. of salesmen/ sales girls : _____

j. Display space available : _____

10. SELLING EXPERIENCE :Yes/ No
If Yes, Items : _____

11. IF NO EXPERIENCE OR INFRASTRUCTURE IS AVAILABLE, THEN HOW DO YOU
PROPOSE TO HANDLE THE SAME : _____

12. NAME (S) OF ASSOCIATE/ SISTER CONCERNS IN SIMILAR BUSINESSES IF ANY,
THEIR TURN OVER (IN WHICH YOU OR YOURASSOCIATES HAVE A SHARE) :

13. YOUR INFRASTRUCTURE SET UP PLAN (STATE WHATEVER PLOT/ SHED OR
BUILDING AVAILABLE WITH DETAILS) : _____

14. YOUR FINANCIAL STATUS/ INVESTMENT CAPACITY: _____

15. YOUR EXPERIENCE IN FOOD OR RETAIL FRANCHISES OR BUSINESSES :



16. YOUR EXPERIENCE IN MANAGAING THE CHAIN OF OUTLETS :

17. DESCRIBE THE STRENGTHS THAT YOU OR YOUR COMPANY WILL BRING TO VITHAL KAMATS ORIGINAL FAMILY RESTAURANT :

18. WHAT ARE YOU SEEKING IN A BUSINESS OPPUTUNITY FROM US :

19. HOW MAY OUTLETS WOULD YOU THINK THAT YOU WILL BE ABLE TO OPEN IN

OWN OUTLET	FRANCHISEE OUTLET
NEXT 1 YEAR :	NEXT 1 YEAR :
NEXT 3 YEARS :	NEXT 3 YEARS :
NEXT 5 YEARS :	NEXT 5 YEARS :

20. IN WHICH LOCATION WOULD YOU IDEALLY LIKE TO OPEN YOUR FIRST OUTLET

21. HOW DO YOU PROPOSE TO ARRANGE FOR THE FINANCES

We understand that the Master Franchisee involves dedicated time, effort and energy and I undertake to

- Develop the territory granted to me.
- Follow the Systems and Standard operating Procedures of the Brand.
- Undergo the Training and ensure that all the staffs recruited by us and the Franchisee undergo the trainings.
- Use the Products / Premixes supplied by the Central Kitchen.

I hereby confirm that the above information is true and complete to the best of my knowledge and belief. I recognize that this application is in no way binding upon either party and that is not in any way obligated to grant franchise to us because of our execution of this document.

DATE:

SIGNATURE:

NOTE:

1. If the space provided in the above column is insufficient, then you could add additional sheets.
2. The above given information will remain with us in strict confidence

DETAILS & DOCUMENTS REQUIRED TO BE ATTACHED WITH THE FORM

- Memorandum and Articles of Association / Partnership Deed.
- PAN Card of the Company / Partnership Firm and Directors /Partners.
- Latest Audited Financial Statement of the Company / Firm
- Current Business Organization Chart
- Business Profile
- List of all the Companies in which the group has the financial interest.

Thank you for completing the Vithal Kamats Original Family Restaurants Master Franchise Application Form. We will contact if your application is short-listed. Please allow at least 2 weeks for processing. Send your completed form to:

Vithal Kamats Restaurants Private Limited
VITS Luxury Business Hotel,
Kondivita Road, off Andheri Kurla Road,
Mumbai – 400059.

Or

email at franchise@vithalkamats.com

